DECLARATION

INVENTORSHIP IDENTIFICATION

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

SM	ART CARD	SYSTEM, APPARATUS	S AND METHOD WITH A	LTERNATE PLAC	EMENT OF
			E OF INVENTION		
		SPECIFIC	ATION IDENTIFICATION		
the specificat	tion of which				
(a) ×	is attac	hed hereto.			
(b)	was file	ed on, as _	Serial No		
	and	d was amended on _ (if a	pplicable).		
(c)	was de	escribed and claimed in P	CT International Application	on No filed on	
		d was amended on			
	ACKN	OWLEDGMENT OF REV	/IEW OF PAPERS AND [OUTY OF CANDOI	₹
I he	reby state t	hat I have reviewed and ι	understand the contents o	f the above-identifi	ed specification,
including the	claims as	amended by any amendr	ment referred to above.		
l acl	knowledge	the duty to disclose inform	mation, which is material t	o patentability as d	efined in 37,
Code of Fed	leral Regula	ations, § 1.56.			
		(Prior Foreign/Pct Ap	S UNDER 35 U.S.C. § 119 plication(S) Filed Within 1 sign) Prior To This Applic	2 Months	
I he	reby claim	foreign priority benefits u	under Title 35, United Sta	ates Code, § 119(a)-(d) or 365(b) of
any foreign a	application(s) for patent or inventor's	certificate(s) or 365(a) of	any PCT internation	onal application(s)
which design	nated at lea	ast one country other tha	an the United States of A	America, listed belo	w and have also
identified be	elow any fo	oreign application(s) for	patent or inventor's cer	tificate(s) or any l	PCT international
application(s	s) having a f	filing date before that of th	ne application(s) of which	priority is claimed.	
Application N	Number	Country or PCT	Date Of Filing	Priority not	Certified Copy
			(Day, Month, Year)	Claimed	Attached?
					☐ YESNO ☐

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. § 119(e)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

(All Foreign Application(S), *If Any*, Filed More Than 12 Months (6 Months For Design) Prior To This U.S. Application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

U.S Parent	DCTD			
O.O r arent	PCT Parent	Date Of Filing	Parent Patent	
Application No.	Application No.	(Day, Month, Year)	No. (If applicable)	

DECLARATION

I hereby declare that my presentation of this paper constitutes a certification under 37 C.F.R § 10.18, which provides, in part, that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application and any patent issuing therefrom.

Residence

Mailing Address

(GIVEN NAME)

SIGNATURE(S)

1121 Brookfield Drive, Conyers, GA 30013

(MIDDLE INITIAL OR NAME)

Conyers, GA 30013

(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME
ventor's signature		
ite	Country of Citizenship	
sidence		
ailing Address:		

Inventor's signat	rure
Date	Country of Citizenship
Residence	
Mailing Address	
	Signature by administrator(trix), or legal representative for deceased or incapacitated
	inventor. Number of pages added
	Signature for inventor who refuses to sign or cannot be reached by person authorized under
	37 CFR 1.47. Number of pages added
	Added page for cianature by one joint inventor on hehalf of deceased inventor(s) where legal

Authorization of attorney(s) to accept and follow instructions from representative.

representative cannot be appointed in time. (37 CFR 1.47) Number of pages added_

This declaration ends with this page.

FAMILY (OR LAST NAME)